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27127 7490 12/02/03

**HARTMAN & HARTMAN, P.C.  
552 EAST 700 NORTH  
VAL PARADISO, IN 46383**

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Transmittal No.
Date

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	VOLUNTARY DOCUMENT NO	CONFIRMATION NO
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10/677,674 10/02/2003 Nader Naderi IB-9 8824

TITLE OF INVENTION: WIRELESS DEVICE AND SYSTEM FOR MONITORING PHYSIOLOGIC PARAMETERS

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRE-PUBLICATION FEE	LOCAL FEE DUE	DATE DUE
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nonprovisional YES \$755 \$0 NO \$755 03/15/2010

EXAMINER	ART UNIT	CLASS NO. (CLASS)
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MAJJARI, PATRICIA C 3735 (4-0185000)

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56):

- ☐ Change of correspondence address (for Change of Correspondence Address form PTO/SB-122 attached)  
☐ "Fee Address" indication (for "Fee Address" Indication form PTO/SB-497, Rev. 02-02 or more recent) attached. Use of a Customer Number is required.

2. If or printing on the patent front page, list:

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm having as a member a registered attorney or agent, and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Hartman & Hartman, P.C.  
 2. Gary M. Hartman  
 3. Domenica N.S. Hartman

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE (CITY, STATE AND COUNTRY):

Integrated Sensing Systems, Inc. Ypsilanti, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group/entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

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- ☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment to Deposit Account Number **08-0960** to include an extra copy of this form.

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature: Domenica N.S. Hartman

Date: February 16, 2010

Typed or printed name: Domenica N.S. Hartman

Registration No.: 32701

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